

NEWS AND NOTES

Views

Last week the "Lancet" (1983;i:753-7) reported the seven year study of adverse effects of vaccination conducted by the Public Health Laboratory Service Epidemiological Research Laboratory. Analysis of the results of 400 000 injections of diphtheria-tetanus-pertussis vaccine showed no evidence of brain damage from vaccination. Nor did the study support the claims that between one in 17 000 and one in 52 000 children reacted by screaming, collapse, and convulsion. "If this syndrome exists," says the report, "instances would probably have been discovered." So what has the national press, radio, and television had to say about this reassuring, important study? Not a word; or if anything has appeared Minerva missed it.

Three massive studies (*Journal of the American Medical Association* 1983;249:1591-604) by the Centers for Disease Control, Atlanta, have, firstly, confirmed earlier British work showing that oral contraceptives do not increase the risk of breast cancer; secondly, shown that the pill seems to reduce the risk of ovarian cancer by 40%; and, thirdly, found that it cuts the risk of endometrial cancer by a half.

A survey in the Mersey region reported in the "Pharmaceutical Journal" (1983;230:394-6) showed that fewer than half the doctors replying were aware that the region's drug information service was willing to answer specific queries. Only 14% of general practitioners and 27% of hospital doctors had used the service—suggesting that more active promotion is needed.

Should Minerva need her colon removed she will make a beeline for one of the handful of surgeons with the experience and interest to fashion her a Kock continent ileostomy. Results (*Surgery, Gynecology, and Obstetrics* 1983;156:345-50) are now very good in 90% or more of patients—whose social, sexual, and athletic activities are hardly inhibited at all by the stoma, and who have no problems with skin irritation and odour. And the maintenance costs are lower than for a conventional ileostomy.

Teenagers should not groan with boredom at the mention of road safety when Dave Taylor visits their schools. Each of his talks is preceded by a stunt motorcycle display in the playground. Now he is to be sponsored by the British School of Motoring with help from the Department of Transport and will be doing what the Green Cross Code man does for younger children. Minerva hopes parents will hear him too.

A scientific stamp of validity has now been given to a well known physiological phenomenon (*Gut* 1983;24:236-40). Students subjected to psychological stress showed a decrease in mouth to caecum transit time from a mean of 381 minutes to 276 minutes. As the authors point out, this may explain the

decreased transit times observed in patients with the irritable bowel syndrome. In this experiment stress was induced by a dichotomous listening test, where J Brownowski's *Ascent of Man* was fed in one ear, with a simultaneous recording of A J P Taylor's *How Wars Begin* in the other. These were punctuated by asynchronous buzzers and bells, which either issued commands or asked questions. Minerva hopes the test meal of Frankfurter sausages, potatoes, and baked beans was really worth 90 minutes of this cacophony.

In a fascinating interview in the "Bulletin of the Royal College of Psychiatrists" (1983;7:62-6) Professor Max Hamilton recalls that when he first hawked his depression scale around "it created a tremendous wave of apathy. The 'Journal of Neurology, Neurosurgery, and Psychiatry' was the only one that would take it. And now everyone tells me the scale is wonderful."

Novice epidemiologists need to beware of the "healthy worker effect" (*Journal of the Royal College of Physicians of London* 1983;17:139-43). Examination of the mortality of most workforces nowadays shows a rate below the average for the population—simply because people with jobs tend to be healthier than the unemployed and chronic sick. So a standardised mortality rate of 95 or so may conceal a small but real occupational mortality.

The mysterious acquired immune deficiency syndrome is beginning to show some of the sinister features of science fiction. A case reported in the "New England Journal of Medicine" (1983;308:775) in a black woman from Zaire, added to earlier reports of the syndrome in Haitians, suggests that yet again (remember the Marburg and Lassa fever viruses) some very nasty organisms may have emerged from the jungle, and this time it has got a foothold in several of the world's big cities.

Victims of the sudden infant death syndrome often have raised serum concentrations of triiodothyronine (T3) when compared with infants dying of trauma, sepsis, or metabolic disorders. Further research (*Journal of Pediatrics* 1983;102:251-2) has now shown that infants who are sick for some time before dying tend to have low concentrations of T3 and that T3 concentrations increase for some hours after death. Raised concentrations are not, however, diagnostic of the sudden infant death syndrome.

Quietly, the Chief Dental Officer has taken up the suggestion made by Brian Lewis in a "BMJ" leading article (1 January 1983, p 3) and no fee will be payable (HN(FP)(83)10) for operator administered general anaesthesia for dentistry after 1 April 1983.

MINERVA

PARLIAMENT

Questions in the Commons

1982 pay settlements. The following table gives a breakdown of National Health Service staff in Great Britain covered by the 1982 6% and 7.5% pay settlements.

Staff group*	No of staff, 30 September 1981†	Pay bill 1981-2 (£m)‡	Basic annual salaries at 31 December 1981	
			Minimum adult rate (£)	Maximum adult rate (£)
7.5% pay settlement:				
Nurses and midwives	478 400	2646	3143	21 924
Professions allied to medicine	35 400	208	3246	11 636
6% pay settlement:				
Administrative and clerical	128 600	662	2829	23 034
Ambulance men and officers	21 400	161	2296	11 219
Ancillary staff	211 400	967	2616	4 159
Professional and technical (including works staff)	50 500	316	2400	22 076
Maintenance staff	25 000	164	3101	7 047
Total	950 700	5124		

*Excluding doctors and dentists, whose pay is based on recommendations of a review body.

†Whole time equivalents.

‡Excluding employers' superannuation contributions and national insurance contributions.

Social Services, 29 March.

Generic drugs and research. Asked about the effect on research and development of drugs if generic substitutes became widely available, Mr Kenneth Clarke said, "Since many pharmaceutical companies depend on their income to fund their present research programmes it follows that any measure which reduced that income could have a consequential effect on investment in research and development. It is, however, extremely difficult to produce any reliable estimate of the effect on income of any general change to generic substitution. In any event, companies would

react differently according to any change in their individual circumstances. I am therefore quite unable to give any worthwhile estimate of the effect on investment and research if generic substitution were to be adopted. The consultations on the Greenfield report which we are undertaking at the moment may, of course, produce some firmer evidence on the subject."

Social Services, 29 March.

Monitoring Abortion Act. The operation

of the Abortion Act 1967 is monitored by the Department of Health and Social Security's medical, nursing, and lay investigating staff through unannounced visits to registered pregnancy advice bureaux and nursing homes approved under the Abortion Act; the vetting of applications for registration or approval; and the investigation of all complaints and allegations of irregularities. In addition, all notifications of abortions made to the chief medical officer under the abortion regulations are scrutinised by staff authorised by him to ensure that they do not indicate any contravention of the abortion law. If it seems from a notification form or from any other information that an unlawful abortion might have been performed, the matter is, as appropriate, referred to the director of public prosecutions.

Social Services, 30 March.

Doctors. The following table gives the number of doctors per 100 000 population in the United Kingdom and in other member states of the European Community.

Number of doctors per 100 000 population in 1978

Member state	Number
United Kingdom	156
Belgium	215
Denmark	207
France	182
Federal Republic of Germany	212
Greece	227
Ireland*	120
Italy	266
Luxembourg	146
The Netherlands	178

*1976 figures.

Social Services, 31 March.

MEDICAL NEWS

Rubella vaccination

The chief medical and nursing officers of the DHSS have written to all general practitioners, district medical and nursing officers, and medical officers for environmental health reminding them of the need to increase the uptake of rubella vaccination among school-girls. In 1979 the Joint Committee on Vaccination and Immunisation recommended that uptake should be increased to at least 90% of 14 year old girls as soon as possible, but, according to the letter, uptake averaged only 84% in 1980 and 1981. The letter also reminds doctors that specific arrangements may need to be made for girls attending independent schools, who may not be covered by the normal arrangements.

Evaluating buildings for the mentally ill

"The Worcester Development Project for the mentally handicapped, which focused on moving patients out of a large mental illness hospital into a range of more appropriate accommodation, provided a largescale testing ground for some of the proposals in the White Paper 'Better services for the mentally ill.'" It has thus been closely evaluated by the DHSS, and the 3rd Mental Health

Buildings Evaluation Pamphlet, issued recently, reports the results. It describes the alternative accommodation provided—departments of psychiatry, day hospitals, and local authority day centres—and considers the siting and planning of psychiatric departments in relation to district general hospitals and community facilities. It also considers design in relation to the role of a ward and of a day hospital. In this and in its discussion of the department of psychiatry within a nucleus hospital it raises questions that will be discussed in more depth in a revised building note on departments of psychiatry to be published later this year. The pamphlet has been issued as a stimulus to health and local authorities and voluntary organisations who do not want to delay their planning of local services for the mentally ill. *Worcester Development Project Psychiatric Provision—Where do we go from here?* is published by the DHSS works group.

Regional secure units

The government recently repeated its support for regional secure units for difficult and disturbed patients. Lord Trefgarne, Parliamentary Under Secretary at the DHSS, speaking to a meeting of psychiatrists and

nurses last month, said that the government was still pressing health authorities to build these units in each region and that the programme was now under way. By the end of 1985 there would be about 500 places available. He said that £55m had been allocated over the last six years for running costs, with a further £11m this year, together with £52m for building costs. To help evaluate the working of the units the DHSS had recently agreed to fund a three year study.

Midwives

The statutory midwifery bodies for England and Wales, Scotland, Northern Ireland, and the Republic of Ireland have produced a paper on the responsibilities of the midwife with the aim of encouraging greater use of the midwife's skills. The report, which starts with the WHO's definition of a midwife, her activities according to the EEC directive, and an account of midwifery training and education, argues that midwives should be given more responsibility than they often are at present, especially in antenatal care. Specifically, the report urges that medical students and the general public should be made more aware of the skills and training of midwives and that doctors should recognise this skill.

COMING EVENTS

British Medical Association—Seminar "Health care spending," 7 May, Matlock Bath. Details from BMA Trent Regional Office, Westminster House, 1-7 George Street, Sheffield S1 2PF. (Tel 0742 21705/753264.)

"Politics of health"—Seminar organised by the University of London department of extramural studies and the 300 Group, 7 May, London. Details from John Burrows of the department, Room 255, 26 Russell Square, London WC1B 5DQ.

British Medical Association—Reception in aid of the Royal Medical Benevolent Fund, 18 May, Edinburgh. Details from the BMA Scottish House, 7 Drumsheugh Gardens, Edinburgh EH3 7QP. (Tel 031-225 7184/7.)

British Olympic Association—Medical seminar "Foot problems," 21 May, London. Details from the association, 1 Church Row, Wandsworth Plain, London SW18 1EH. Closing date for applications 16 May.

Order of Christian Unity—Conference "In vitro fertilisation and the quality of life," 23 May, London. Details from Nigel Ruddock of the order, Christian Unity House, 58 Hanover Gardens, London SE11 5TN. (Tel 01-735 6210.)

Medical Council on Alcoholism—Symposium "Alcoholism and accidents," 1 June, Birmingham. Details from the assistant secretary of the council, 3 Grosvenor Crescent, London SW1X 7EE. (Tel 01-235 4182.)

University of Leeds—Clinical nutrition course, 13-15 September, Leeds. Details from Mr F Moran, Senior Administration Assistant, Postgraduate Dean's Office, Leeds General Infirmary, Leeds LS1 3EX.

University of Nottingham—Symposium "Computing and patient care," 14-15 September, Nottingham. Details from the symposium organiser, Unit of Medical Information Technology, Department of Obstetrics and Gynaecology, University Hospital, Queen's Medical Centre, Nottingham NG7 2UH.

XII International Leprosy Congress—Under the auspices of the International Leprosy Association, 20-25 February 1984, New Delhi. Abstracts of papers of original work on any aspect of leprosy should be sent before 30 June to the secretary general of the association, Dr S G Browne, 16 Bridgefield Road, Sutton, Surrey SM1 2DG. Details of the meeting from Dr R H Thangaraj, Hind Kusht Nivaran Sangh, 1 Red Cross Road, New Delhi 110 001, India.

Birmingham Medical Institute—Details of the April-July meetings of the sections are available from the institute, 36 Harborne Road, Edgbaston, Birmingham B15 3AF. (Tel 021-343 4007.)

Manchester Medical Society—Details of the April-May meetings are available from the society, John Rylands University Library, Oxford Road, Manchester M13 9PP. (Tel 061-273 8241.)

SOCIETIES AND LECTURES

For attending lectures marked * a fee is charged or a ticket is required. Applications should be made first to the institutions concerned.

Monday, 18 April

ROYAL COLLEGE OF SURGEONS OF ENGLAND—At Institute of Laryngology and Otolaryngology, 5.30 pm, Arris and Gale lecture by Surgeon Commander W D McNicol: Vomero-ethmoid deformity in the pathogenesis of eustachian tube dysfunction in adults and children.

ROYAL FREE HOSPITAL SCHOOL OF MEDICINE—5 pm, Dr James Boyer (Yale): Primary biliary cirrhosis.

ST GEORGE'S HOSPITAL MEDICAL SCHOOL—12.30 pm, obstetrics and gynaecology departmental postgraduate meeting, Mr Peter Josling: Relief of post episiotomy pain. Professor G V P Chamberlain: Obstetrics and gynaecology in the Far East.

Tuesday, 19 April

ROYAL FREE HOSPITAL SCHOOL OF MEDICINE—1 pm, Dr Herbert Bonkowsky (Zurich): Hepatic porphyrias.

Wednesday, 20 April

ROYAL COLLEGE OF PHYSICIANS OF LONDON—6 pm, Tudor Edwards memorial lecture by Dr D Geraint James: The granulomatous disorders.

ROYAL COLLEGE OF SURGEONS OF ENGLAND—At Royal College of Physicians of London, Tudor Edwards memorial lecture by Dr D Geraint James: The granulomatous disorders.

ROYAL MASONIC HOSPITAL—7 pm, Dr J P Tucker: Clinical aspects of inflammatory bowel disease. (Preceded by refreshments 6.30 pm.)

ROYAL POSTGRADUATE MEDICAL SCHOOL—Stamp Lecture Theatre, 10.15 am, medical staff round.

Thursday, 21 April

ROYAL SOCIETY—4.30 pm, review lecture by Dr A Klug FRS: The structure of chromatin.* (Tea served from 3.45 pm.)

SOCIETY OF APOTHECARIES OF LONDON FACULTY OF THE HISTORY AND PHILOSOPHY OF MEDICINE AND PHARMACY—At Apothecaries' Hall, 6 pm, Gideon de Laune lecture by Dr Alex Sakula: Dr Nehemiah Grew and the Epsom salts.* (Preceded by tea 5.30 pm, and followed by buffet supper.*)

Friday, 22 April

GRAYLINGWELL HOSPITAL—At St Richard's Hospital, Chichester, 8.15 pm, third annual Springfield lecture by Dr John Teasdale: Depression and its response to cognitive therapy.

BMA NOTICES

Central meetings

APRIL	
21 Thurs	General Medical Services Committee, 10 am.
21 Thurs	Scottish Committee for Community Medicine (7 Drumsheugh Gardens, Edinburgh EH3 7QP), 10.30 am.
25 Mon	Civil Service medical officers' group committee, 2 pm.

MAY	
4 Wed	Council, 10 am.
5 Thurs	Central Committee for Hospital Medical Services, 10 am.
6 Fri	Central Committee for Community Medicine, 10 am.

Division meetings

Members proposing to attend meetings marked * are asked to notify in advance the honorary secretary concerned.

Aberystwyth—At Bronglais Hospital, Thursday, 21 April, 8 pm, meeting to consider annual report of council.

Aldershot and Farnham—At Frimley Park Hospital, Wednesday, 20 April, 8 pm, agm.

Birmingham—At Birmingham Medical Institute, Wednesday, 20 April, 7.30 for 8 pm, agm.

Bradford and Airedale—At Bradford Royal Infirmary, Wednesday, 20 April, 8 pm, agm and discussion of annual report of council.

Bristol—At Southmead Hospital, Tuesday, 26 April, 8 pm, special general meeting.

Bury—At Bury General Hospital, Tuesday, 19 April, 8 pm, general meeting.

Cambridge, Huntingdon, and Ely—At RAF Hospital, Ely, Wednesday, 20 April, 7.30 pm, meeting to discuss annual report of council and motions to ARM. (Refreshments provided.)

Coventry—At Coventry Postgraduate Medical Centre, Tuesday, 19 April, 6.45 pm, agm followed by dinner, speaker Mr John Stratford: "National Trust gardens."** (Spouses invited.)

Croydon—At Mayday Postgraduate Centre, Tuesday, 19 April, 7.15 pm, Mr Al-Sheikhli: "Earache with special reference to referral pain."**

Dartford, Gravesend, and Medway—At Gravesend and North Kent Hospital, Monday, 18 April, 8 pm, general meeting.

Derby—At Derbyshire Royal Infirmary, Thursday, 21 April, 8 pm, meeting to discuss annual report of council.

East Yorkshire—At Hull Royal Infirmary, Tuesday, 19 April, 7 pm, meeting to discuss the annual report of council and motions to the ARM.

Gateshead—At Queen Elizabeth Hospital, Saturday, 23 April, 7 pm, annual dinner, guest of honour Lieutenant Colonel J Anderson, who will talk on his experiences on the *Sir Galahad* in the Falklands.* (Guests invited.)

Huddersfield—At Royal Infirmary, Monday, 18 April, 8.15 pm, business meeting to discuss annual report of council and motions to the ARM.

Isle of Wight—At St Mary's Hospital, Newport, Tuesday, 19 April, 7.30 for 8 pm, executive and general meeting to consider the annual report of council and motions to the ARM.

Lanarkshire—At Strathclyde Hospital, Monday, 18 April, 8 pm, agm.

Lancaster—At Post House Hotel, Saturday, 23 April, 7.30 for 8 pm, annual dinner, principal guest Dr Annie Abse.*

Lothian—At BMA Scottish House, Wednesday, 20 April, 7.30 pm, agm.

North Birmingham, Lichfield, and Tamworth—At Good Hope Hospital, Monday, 18 April, 8 pm, ordinary meeting.*

Plymouth—At Plymouth Postgraduate Medical Centre, Thursday, 21 April, 8 pm, agm.

Portsmouth and South East Hampshire—At St Mary's Hospital, Tuesday, 19 April, 7.30 pm, special general meeting.

Roehampton—At Watneys Mortlake Brewery, Monday, 18 April, 8.15 pm, meeting to establish the new Richmond, Twickenham, and Roehampton Division.

South Bedfordshire—At Luton and Dunstable Hospital, Thursday, 21 April, 12.30 pm, annual business meeting. (Light refreshments provided.)

West Berkshire—At Royal Berkshire Hospital, Wednesday, 20 April, 8 pm, agm. (Preceded by buffet supper.*)

South Tees—At Highfield Hotel, Cleveland, Thursday, 21 April, 7.30 pm, ordinary meeting.

Swansea and West Glamorgan—At Neath Hospital, Wednesday, 20 April, 8 pm, general meeting.

West Sussex—At Norfolk Arms Hotel, Arundel, Thursday, 21 April, 7.30 for 8 pm, dinner and agm.* From Newhaven, Saturday, 23 April, 7 am, day trip to Dieppe.* (Guests very welcome.)

Regional meetings

North East Thames Regional Committee for Community Medicine—At St Bartholomew's Hospital, Wednesday, 20 April, 4.30 pm.

South East Thames Regional Committee for Community Medicine—At Postgraduate Medical Centre, Hastings, Thursday, 21 April, business meeting.*

UNIVERSITIES AND COLLEGES

ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

The following candidates were elected to the membership in March: C A Abell, Maureen A A Airlie, M H S Al-Asady, M K A-K Al-Hasani, T J Al-Husairi, M A A S Al-Mustafa, N A Ali, S A Allard, S H Anderson, S Appan, Barbara A M Appleby, J L J Appleby, Donna I A Ariyawansa, Jane M Armitage, Mary Armitage, N B Atan, J K K Au, C J Bailey, K F Baker, T Balachandran, Madeleine J Ball, Sarah E Ball, S Barlas, D Barnes, P G Barton, S V Baudouin, D Bell, Linden C Bell, D A Black, Fiona C Boag, Lindsay R Bond, A J Booth, B R Boothman, G V Boswell, Jane Bradnock, B A W Brathwaite, N Braude, Lyndsay A Brown, E R Broadhurst, J Brown, N P Buller, D M Burge, A S Burns, P G Caccia, P D Cameron, J M Carey, R Cerio, S Chandrakumar, Claire S Chapman, J Cheng, L P Chesterman, P C Chijioke, A J Chippindale, H Chirayath, Chong Soo Lim, M Choudhary, P C-M Chu, Chu Siu Yuen, D G Clements, R C L S Collin, C P Conlon, M J Connolly, H T Cook, C Cooper, T J Cooper, L H Cope, A P Coral, Frances Cottam, J C Cowan, N H Cox, T Crake, B J Crump, V Das, A S David, Ghislaine S R Davies, R W B Day, P S De Silva, D W Denning, M S Dennis, H Desai, P J Desmond, P Dyson, R D Edwards, Audrey M J Edwards-Ramoutar, S El-Zunni, G M Eltrington, C F Farthing, D J Fegan, W J Ferguson, J Fishwick, M H Flayih, F M G Frankul, A R Freedman, P Freeland, O S Freigoun, A E Fryer, Shelagh M Garnett, Dylis J Garratt, M E Gilbert, Rosalind M Given-Wilson, R N Goodman, D Gordon, I J Gordon, P T Grant-Davies, A R Green, Elizabeth S Green, J G Gribben, C E M Griffiths, N E M Gruer, Ha Man-Hoi, M Hafizullah, J A Hall, H M Hashim, P C Hayes, Antoinette N H Herath, Kathryn A Hewetson, I P Hicks, Marietta D Higgs, Elizabeth H Horn, P J Howard, J B Hunt, T R Hunter, A Innes, J A Innes, G Isaacs, K N Ives, Z Q Jabbar, P T Jackson, S M W Jafri, Auriel A Jameson, V S Jayachandrar, B A S Jayasekera, G P Jeffrey, Fiona A Johnston, Angela J Jones, A K P Jones, D L Jones, G W Jones, Lydia Jones, R B Jones, K Kapoor, V M Karunaharan, J J Keating, C A Kelly, H G Kennedy, R L Kennedy, R P Kennett, C F Kire, Joan Kinder, Helen C Kinsella, Jennifer V Kitchen, P V Knight, G B C Kondowe, A J Krentz, E J Ladusans, P J L Lane, Frances Latham, Y L Lau, Lee David Ka-Yan, Natalie N Y Lee, K R Lees, L R Lever, Carolyn A Lewis, M A Lewis, N J Lewis, Susan J Lewis, Lim Chin Theam, W J Liskiewicz, J H Livingston, S P Lockhart, J R Lowes, P J Luthert, S Mackinnon, G J A MacPhee, R Madhok, B J Magee, E R Maher, J McG Main, T J K Mant, Christine M Marsh, C D W Marshall, Bridget V Martin, R J B Massay, F Matthey, Z J Matti, L G McAlpine, A J McCance, P A McCormick, Jean R McEwan, A I McGhie, J M McLenachan, P Metcalfe, Chantal J N Meystre, D G Miller, Beverley A Millward, Harriet C Mitchison, A S Mohammad, H A Mohammad, M A-K Mohammad, Salih, F K Mohan, Mohinder Singh Dhillon, E F Monteiro, R J Morris, W L Morrison, J I Morrow, A R Morton, A A Motala, B D Mulhern, P A Murray, K Nagendran, W D Neithercut, J Nelson, S J Newell, P E L Norton, J P O'Shea, A M S Obead, A O Odugbesan, S M Oppenheimer, A M S Panikkar, S G Parker, Susan C Parker, P N Patel, W N Tatton, S Perkins, G W L Phillips, Anne V Powles, Karen L Prince, D W Pryce, A Raafat Isfahani, R Rajakumar, D J Ramsay, Wendy J Rakin, A H Raouf, A K M Rashid, B J Rathbone, S Ratneswaran, S W J Richmond, Lesley Roach, C M Roberts, Angela J Robinson, Mary M E Rooney, M R Rose, J Rowe, F Rugman, Elaine M Rush, D Rutherford, M N M Sadio, K R Sanghi, Judith A Savage, P M Schofield, M Soullion, J R Seckl, M P Senanayake, R F Sewell, P Shannugan, K Shannuganathan, R A Shinton, S Siddique, Paula J Sissons, R D Situnayake, A Sivakumar, D A Spriggs, A N Stark, J S W Stewart, D J Stokes, N S A Stuart, F M Sullivan, Sun Kai Cheong, R A H Surgees, Tam Hin Cheung, Tan Hee Wu, Tang Yin Ping, S A Tanner, K J Taylor, B M Tedman, R V Thakker, Thet Thet Nwe, A T Thomas, A B R Thompson, Carolyn I Thompson, Anthea J Tilzey, M V Tobin, J L Tolmie, Tong Kwok Lung Matthew, Katia S Tonkin, Jane S Tresidder, F L Tseu, J Unsworth, R J Van Der Star, N I b Wan Abdullah, S Ward, A J Wardlaw, A J M Watson, J N Weber, A F Weinstein, D F Wensley, J A G Whitworth, H D Wijesinghe, N P F Wilkes, A G Wilkinson, A M Will, A J K Williams, M D Williams, D J Williamson, Lyn Williamson, H J Willison, Jane D Wilson, R Wilson, Wong Kai Wah, S J Wroe, Hilary A Wynne, Yip Yuk-Pang, S Yogendra.

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One Man's Burden

There was something unreal about the day: mid-March yet the sun in Oxford shone more certainly than on many a summer's morning. And St Catherine's is a newish college, its senior common room offering views not so much of dreaming spires as of Scandinavian furniture. It could have been a film set designed to persuade the friend I was visiting that he was just down the road from his home in northern California.

Bill Silverman, a gentle voiced provoker of ungente ideas, is a man haunted by a ghost. When professor of paediatrics at the University of Columbia in New York, he was one of the founding fathers of neonatal intensive care. Then in the 1940s and early 50s he watched helplessly while retrolental fibroplasia blinded 10 000 babies in the United States. Later, he was one of the paediatricians who in the face of great opposition set up the multicentre trial that revealed that the main cause of the outbreak of retrolental fibroplasia was the therapeutic enthusiasm with which neonatologists administered oxygen to premature infants. Since his retirement he has acted as medical adviser to an organisation providing services for the blind.

Bill exorcised some of his memories in his compelling account of the "epidemic"¹ of retrolental fibroplasia, but his experience of that disease still haunts most of his ideas. One he pursued with vigour during his three month fellowship at Oxford was our need to find some way of considering the views of parents when malformed or brain damaged babies are born and doctors feel compelled to give heroic treatment. That need, he told me, was brought home to him when he interviewed parents of blind young adults. He has grown even more conscious of it in the past three years while interviewing parents of newly blinded children.

Again and again he was told: "I was unable to tell the doctors what I wanted" or "There was no point in saying what I wanted. You have to go along with the system or keep quiet." Those who did not want their child to receive heroic support felt powerless—powerless to express what they wanted, powerless to suggest an alternative. "Talking to those parents," he told me, "has convinced me that, as a physician, I don't know what they want and when I ask them in a medical setting, I control the answer. The very words I use control the answer."

The decision about heroic treatment becomes, he says, part of the drama of the delivery room. "The baby is on the limits of survival. Should we resuscitate? Should we put the infant on the respirator? Everyone in the room has had a chance to rehearse their attitude. Even if they've not been through it before, they've talked about it. Only the parents come to the problem fresh. They may have worried about the possibility of a malformed child but they've tried not to think about it, and they've probably not talked to one another about it."

"So the doctors and nurses act and we end up with tragic results like the 2½-year old I saw who was blind and had hydrocephalus. She was born at 24 to 25 weeks, and obstetrician, paediatrician, and parents agreed there should be no heroic care. Yet a nurse felt compelled to intubate. People who feel strongly because of their religious beliefs, or physicians with a rescue fantasy, profoundly influence the lives of parents who are powerless. That's the kind of thing I keep hearing."

He admits that it is difficult to discover what parents want but suggests that if they were offered alternatives they might vote with their feet. He would like to set up a study of parents' views to discover how often there is a "mismatch" between what parents would like to happen and what actually happens. "If a physician or nurse asks the questions, the answers differ from those that parents give to their friends or to their minister. I'd like to measure just how different is the answer when you change the inquirer, or change the setting from hospital to home. If we find the frequency of the mismatch is significant, that would seem a good reason for providing an alternative."

At first parents would be asked, immediately after or within a month of having a normal child, if they had any views on what they would have liked to have happened if their child had been malformed and had needed heroic treatment to survive and whether they would have liked an opportunity to express those views. Then moving, to use his own word, "gingerly" Silverman would extend the inquiry to women while they were pregnant. If the study were to reveal a gross mismatch, he envisages questions about parental attitudes to heroic resuscitation becoming part of routine antenatal care.

While in Oxford he found British reaction to his idea for such a study much the same as that in the United States. "Obstetricians and neonatologists think it mischievous to raise anxieties about an unlikely outcome. Parents—educated ones anyway—are generally in favour. There's a dichotomy there that needs to be explored. I've gotten enough response in the United States and here to make me believe it is an issue that can't just be swept under the rug."

He refers often to what he calls the turf effect. "I'm old enough to have made house calls. What impressed me is how different people are on their own turf. In the United States there's a whole generation of nurses and physicians who don't know what illness in a home looks like. As a young man who knew only about 'hospital illness,' I was appalled when parents asked me to hold back. As it happened, it wasn't within my power to do anything anyway. Now we have great power. Neonatal care has been so technically successful we can keep 400 to 500 gram infants alive. Yet as my ability to control things increased, I heard that request to hold back less and less often. Was that because people had changed or I had changed? Or are people reluctant to ask you not to intervene when they see all that machinery? Would they ask if they were on their own turf?"

On that sunny morning in Oxford, Bill Silverman argued his case with gentle determination. He is a kind and thoughtful man. At the start of his academic career, he campaigned for neonates to be offered the life support systems that then existed only for adults. Now he asks that those systems be used with the humanity that should inform every act in clinical medicine. There was nothing unreal about the day, after all.

MICHAEL O'DONNELL

¹ Silverman WA. *Retrolental Fibroplasia: A modern parable*. New York: Grune and Stratton, 1980.